

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-015830**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

172

Primary Registration District No.

4269

Registrar's No.

28

FILED APR 18 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Corder

Length of stay in 1b

29 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

309 N. Main

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

309 N. Main

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Harvey

Middle

Daniel Kleinschmidt

Last

4. DATE OF DEATH

Month

Day

Year

4

8

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5-28-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

10

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (City and state or country)

Corder, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry F. Kleinschmidt

13b. MOTHER'S MAIDEN NAME

Louise Rosengarten

14. NAME OF HUSBAND OR WIFE

Irene Astroth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Irvin Kleinschmidt Corder, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Coronary occlusion & myocardial infarct

DUE TO (c)

Arterio sclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

36 HRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 7, 1962

to April 7, 1962

and last saw him alive on April 7, 1962

Death occurred at

8:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

Edwin Wilson D.O.

22b. ADDRESS

1815 Main, Higginsville, Mo.

22c. DATE SIGNED

4/10/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4-II, -1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

Corder, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Forrest A. Hoefler

Higginsville, Mo. 4-12-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300,  
Rev. 4/59

10540

20540

3

4 0

5 3

6

7 0

8 2

9 4201

10

11

1290-2

132-0

MAY 24 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Forrest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.